(A Govt. of India Undertaking)



PF Code:_

PROFORMA TO BE FILLED AT THE TIME OF JOINING

* Please fi	ll up all the co	olumns of this sheet		PF Code:_	
				File No.:	
	<u>P</u>	ERSONAL DETAILS		(Not to be	filled by candidate)
Name:					
		(As per Matriculation	Certificate)		
Father's N	Name:				
Mother's	Name:				
Name of S	Spouse:				
Date of Bi	irth: /	/ Gender: Male/Fem	ale	Category:	SC/ST/OBC/GEN
Joined As	:			Joined on:	/ / 20
Physically	Handicappe	ed: OC/HI/VI		Ex-Service	eman: Yes/No
Marital S	tatus: Marrie	ed/Un-married/Widow/Divorcee)		Religion:_	
City of Do	omicile:	State of D	omicile:		
Mobile No).:	e-mail id:			
Qualificati	on(s)				
		EXAMINATION PASSED/F	·		Date/Year of Passing
ACADEM	IC	EXAMINATION PASSED	PURS	SUING	
ACADEM	IC				
PROFESS	IONAL				
BANKING	+				
OTHERS					
Proficiency	y in Hindi•				
Tronciency		nly one (a), (b) or (c)	Description	of Proficien	cy (tick one)
(-)			_		n in Hindi medium
(a)	Proficient in	i Hindi	(ii) Hindi as	s one subject i	n degree/higher exam
			(i) Metric/H	Higher exam v	with Hindi as one subject
(b)	Working kn	owledge in Hindi		•	n conducted by GOI
(-)	N. l	6 TY: 1!	(iii) Any oth	er exam speci	ified by GOI
(c)	No knowled	ge of Hindi			
Declaratio	n:				
-	leclare that a edge and beli	ll the information furnished in thi	s application	are true &	correct to the best of
Place:				Signatures	s of Candidate
======		=======================================	=======	=======	========
Checking	Official shou	ıld ensure that the above informat	ion is correct	t.	
Place:					

Signatures of Checking Official alongwith Name/Des/Pfcode

Date:





1.	Full Name:			
2.	Designation:			Affix recent passport
3.	Date of Birth:	4. Height	cms	size photograph
5.	Academic Qualifications:			
6.	Professional & Vocational Qualification	ns:		
7.	Caste: Religion	n:	Marital	Status
	If Married, Name of Spouse:		Age:	
	Name of Children(s)		Age:	
8.	Permanent Address:			
9.	Present Address:			
10.	Place of Domicile, City:		State:	
11.	. Marks of Identification Complexion_		Built: Thin/Medium	m/Heavy
	Any peculiarity in appearance,	Speech etc		
12.	. Relationship with any employee or Dire	ector of the Ba	nk, if any, give name	& Address:
13.	. Date of Appointment Letter:		14. Date of Joining	
14	Date of signing Photograph:	_ 15. Initial	s of Employee	
16.	Left Hand Thumb Impression		17. Specimen Signa	atures of Employee
Pla	ace:			
Da	ite: Signatu	res of Candida	ite Signatu	res of Checking Official

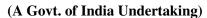
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UNDERTAKING

I	son/daughter/	wife of
	resident of	
do he	reby confirm that:-	
1.	I have not been presently working in any Government/Public sector under Bank (Public Sector/ Private/ Foreign Bank) or any Corporation.	taking/
2.	I have been presently working in	
	since Relieving Letter/ Discharge Certificate is en	iclosed.
	(Please strike out whichever is not applicable).	
(Signa	ature of Candidate)	
Name	:	
Roll N	No	
Joiniı	ng for the Post of:	
Date:		
Place		





DECLARATION OF FIDELITY AND SECRECY

son/daughter/wife	of
resident of	
do hereby declare that I will faithfully, truly and to the best of my skill and ability executand perform the duties of me as (designation) of Punjab Sind Bank and which properly relate to the office or position in the said Punjab & Sind Bank held by me.	&
I further declare that I will not communicate or allow to be communicated to any person to legally entitled thereto any information relating to the affairs of Punjab & Sind Barbor the affairs of any person having and dealing with Punjab & Sind Bank nor will I allow any such person to inspect or have access to any books or documents belonging to or in the possession of Punjab & Sind Bank or to the business of any person having any dealing with Punjab & Sind Bank.	nk ow he
(Signature of Candidate)	
Name:	
Roll No	
Joining for the Post of:	
Date:	
Place:	

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DECLARATION IN RESPECT OF THE DOWRY PROHIBITION ACT 1961

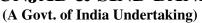
I	son/daughter/wife of
resident	
do hereby declare that I have never been convict	
Prohibition Act 1961 or under section 304B of Indi	ian penal code.
(Signature of Candidate)	
Name:	_
Roll No	_
Joining for the Post of:	_
Date:	_
TO .	

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PROFORMA OF DECLARATION IN RESPECT OF EDUCATIONAL QUALIFICATION TO BE SUBMITTED BY EACH CANDIDATE APPLYING IN THE BANK'S SERVICE

I		son	/daughter/wife of
do hereby declare that the requisis correct and complete and the Educational Qualification I posses	hat I have not con		• • •
I also declare that I have passed t Board/ University/ Institution rec	• •	•	the post from the
Further, I have passed		Examination versity/ Institute	/ Degree from which is a
(Autono	omous/ Govt.) with	Di	vision/Class with
If it is subsequently found out at a have been selected/appointed, I forthwith.	-		
(Signature of Candidate)			
Name:			
Roll No			
Joining for the Post of:			
Date:			
Dlago			





	UNDERTAK	<u>ING</u>	
I			son/daughter/wife of
	resident o	f	
do hereby declare that I have	e no business interest,	trade or insuranc	e agency etc. either in
my name or in benami names			
(Signature of Candidate)			
Name:			
Pall No	· · · · · · · · · · · · · · · · · · ·		

Joining for the Post of:_____

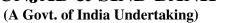
Date:_____

Place:_____

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	son/daughte		
	Som daugne	I/WHC OI	
by caste 'the Bank') taki myself, my heirs I continue in the diligently and ca ability perform instructions or re-	in consideration of the PUNJAF ing me into its employment on probat s, executors and administrators unto the the probationary employment of the arefully attend to the business of the all duties that may be required or regulators as have been or may be give ent of the Bank who may be set over me	tion for do ne Bank that I will during the Bank in any Capaci Bank and to the best of of me and observe and on to me from time to time	o hereby bind ng all the time ty, faithfully, f my skill and d execute all
employment of t Inspectors or ot money, bills, pr belonging to the which at any tim under my control	p secret all transactions that may conthe Bank and will honestly and truly thers Officers of the Bank having automissory notes or other securities, a Bank or any of its Officers or customer or in any way during my probational and that I will, when required, pay a spointed on behalf of the Bank to receive	account to the Director thority in that behalf for property or effects of the ers with which I may be the employment come to the and deliver the same to	rs, Managers, or all sums of of every kind e entrusted or or my hands or
expenses which misfeasance's a hereinbefore con suffered, by me	lemand pay and make good to the Ban may be sustained or incurred by nd my part or through the non funtained or by of through any act, not at any time while I continue in the proficate in writing only certified by the intereunder.	the Bank by any defulfillment of any of the neglect or default done robationary employmen	alcations and ne obligations, admitted & at of the Bank
IN WITNESS W	Whereof I have set of my hand this	day of	20
(Signature of Ca	ındidate)		
Name:			
Roll No			
Joining for the P	Post of:		
Date:			





To DGM/ AGM,
PUNJAB & SIND BANK
Office
••••••
······································
I submit herewith the duly filled in attestation form for verification of character &
antecedents from the Police Authorities. I understand that my confirmation in the Bank's
Service will be subject to satisfactory report regarding my character & antecedents from
the Police Authorities. In case the police enquiries are not complete before the
confrontation becomes due then I should be confirmed in Bank's Service subject to
satisfactory report from Police Authorities. If the police report later on turns out to be
adverse my service should be terminated forthwith without assigning any further reason $\&$
without prejudice to such further actions as may be taken under the provisions of the
Indian Penal Code.
(Signature of Candidate)
Name:
Roll No
Joining for the Post of:
Date:
Place:

(A Govt. of India Undertaking)



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ATTESTATION-FORM

Passport size photograph

The furnishing of false information or suppression of any factual information in the Attestation Form would be a disqualification and is likely to render the candidate unfit for the appointment in the Bank. If the fact that false information has been furnished or there has been suppression of any factual information in the Attestation Form comes to notice any time during the service of a person, his/her services would be liable to be terminated.

SURNAME

NAME

- 1. Name in full (in Block Letters) With aliases, : if any, (Please indicate if you have added or dropped at any stage any part of your name or surname).
- 2. Present address in full (i.e. Village, Thana and District Or House No., Lane/Street/Road and Town)
- 3. (a) Home address in full (i.e. Village, Thana: and District Or House No., Lane/Street/Road, Town and name of the Distt. H.O.)
 - (b) If originally a resident of Country other : than India, the address in that country and the date of migration to Indian Union.

PUNJAB & SIND BANK (A Goyt, of India Undertaking)

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		(A Govt. of In	idia Undertakii	ng)	पी.एस.बी
		-	·:2:-		
	-	es (with period of reside luring the preceding fi	•	ou have resided for m	ore than
From	То	Residential addre (i.e. village Thana Or House No. Lan Road and Town)	& Distt.	Name of Distt. He of the place menti preceding column	oned in the
51 (a) Fa	ther's Name	in full with alias, if an	v :		
3.1 (a) 1 a	ther sivame	in tun with anas, it an	.y •		
, ,	esent postal dead, give la		:		
(c) Per	rmanent Ho	me Address	:		
(d) Pr	ofession		:		
	n service, gi icial address	ve designation and	:		
5.2 (a) Hu	ısband's nan	ne in full	:		
(b) Pr	ofession		:		
(c) De	signation an	d office address	:		

6. Nationality of

(a) Father :

(b) Mother

(c) Husband/ Wife

7. Exact Date of Birth

Present Age

Age of Matriculation



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		-:3:-		
8. (a) Place of Birth	1	:		
(b) Distt. And St	ate in which situated	l :		
(c) Distt. And Sta	ate to which you belo	ong :		
9. (a) Your Religion	n	:		
(b) Are you a me Caste/ Sched	ember of Scheduled uled Tribe?	:		
If yes, state th	e name thereof	:		
10. Educational qu since 15 th year o	alifications showing of age:	place of education	with years in s	chools and coll
Name of School /College with	Date of entering	Date of leaving	Examination Passed	Year of Passing
full Address				
	any time, been emplo	oyed, give details:		
	any time, been emplo Period	oyed, give details: Full address of the firm or institution		Reason for leaving the Jo

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B

-:4:-

12. Have you ever been arrested or kept under detention or bound down/ fined/convicted by a Court of Law for any offence, or debarred/disqualified by the Public Service Commission from appearing at its examination selections or debarred from taking any examination or restricted by authority/institution?

If answer is 'Yes' full particulars of the case detention, fine, conviction, sentence, etc. should be given.

DECLARATION

I, Certify that the foregoing information is correct and complete to the best of my knowledge and belief. I am not aware of any circumstances which might impair my fitness for employment in the Bank. I have/will have no objection to the Bank making enquiries at any time (immediately/in the near future) regarding the statements made by me in the application, in any matter they decide to do so inclusive of police enquiry into my antecedents.

SIGNATURE OF CANDIDATE

DATE:					
11/1 1 H •	•	Tr•	T	٨	D

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चिकित्सया रिपोर्ट/ MEDICAL REPORT

ाम NAME:(बड़े अक्षरों मे पूरा नाम FULL NAME I	N BLOCK LETTERS)
ता ADDRESS :	
1. क्या आपको कभी किसी गंभीर बीमारी या शल्य	
 अपा जापका कमा किसा गमार बामारा या राल्य ऑपरेशन से गुज़रना पड़ा है? 	
Have you had any serious illness or Surgical operations?	
2. क्या आपको या आपके परिवार में किसी सदस्य को	
कभी टी. बी. की बीमारी का ईलाज करवाना पड़ा है?	
Have you or has any member of your family ever been under treatment for tuberculosis?	
 3. क्या आपको या आपके परिवार में किसी सदस्य को	
मिरगी या दौरे या इससे सम्बंधित किसी बीमारी के संबंध	
में किसी संस्था से ईलाज करवाना पड़ा है?	
Have you or has any member of your family ever suffered from medical disease, fits or epilepsy or been treated in an institution for any kind of these diseases?	
4. क्या आपको अथवा आपके परिवार के किसी सदस्य को	
"ट्रेकोमा" के लिए ईलाज करवाना पड़ा है?	
Have you or has any member of your family ever been under treatment for trachoma?	
क्या आप ''सामान्य'' हैं – यदीय नहीं तो सामान्य न होने के संबंध मे	i ब्यौरा दें —
State if XNormalX, if not give particulars of any departure from	m Normal:
पति अथवा अकेले व्यक्ति हैं	पत्नी अथवा अकेली महिला हैं
Husband or single man	Wife or single woman
जन्म की तारीख: Date of Birth:	जन्म की तारीख: Date of Birth:

(A Govt. of India Undertaking)



•	or inica in by the en	camining doctor)	31 63		31 60				
			अधिकतम <u>Max.</u>	न्युनतम <u>Min</u> .	अधिकतम <u>Max</u>	6.	युनतम <u>Min.</u>		
a) '	दिल Heart								
	ब्लंड प्रेशर Blood I	Pressure							
	फेफड़े Lungs	. Teggare							
-	नाड़ी प्रणाली Nerv	ous System							
		-	dition & Intelligence	e					
	पाचक अंग Digest	3	g						
	_	-	हड्डियाँ और जोड़ S	Skeleton Bones &	Loints				
	चमड़ी Skin		(4.0 0 (4		• • • • • • • • • • • • • • • • • • • •				
	श्रवण शक्ति Hear	ino							
	दृष्टि Sight		₩ithout Glass		दाR	बाL	दाR	बाL	
J /	c. c signi	* /	(यदि पहने हो) W	ith Glass (if worr	-	 बाL	दाR	 बाL	
	दिष्ट में टोष	ा के कारणCause of	,	in Giass (ii wor	1) 4110	-112	4110	-112	
			defect of Signt						
k) 1	प्रजनन अग Genii	O Urinary Organ							
	प्रजनन अंग Genit पेशाब- श्वेत या श		Albumen or Sugar I	Oresent					
1)	पेशाब- १वेत या श		Albumen or Sugar I	Present					
l) m) i	पेशाब- श्वेत या श दांत Teeth	क्कर सहित Urine	Albumen or Sugar I	Present					
l) n) n	पेशाब- श्वेत या श दांत Teeth विक्लान्ग्ताएं Defo	क्कर सहित Urine ormities				ई Heigh		वजन Weight	4
l) n) n	पेशाब- श्वेत या श दांत Teeth विक्लान्ग्ताएं Defo दि जाँच करने वाल देना चाहिए और In case where the	क्कर सहित Urine ormities ा चिकित्सक परीक्षा साथ में ये भी बता e medical Examiner	Albumen or Sugar I र्थी कोपूर्णतया स्वस् ना चाहिए की ये दो is unable to describ hich he finds and w	थ तथा विकसित ष स्थायी है या उ e the examinee a	नहीं पाते तो : अस्थायी s being in perfo	उन्हें पाए ect health	गए दोष and deve	के संबंध में ब lopment, he sh	
l) n) i	पेशाब- श्वेत या श दांत Teeth विक्लान्ग्ताएं Defo दि जाँच करने वाल देना चाहिए और In case where the state the exact na	क्कर सहित Urine ormities ा चिकित्सक परीक्षा साथ में ये भी बता e medical Examiner ture of the defect w	थीं कोपूर्णतया स्वस् ना चाहिए की ये दो is unable to describ hich he finds and w	थ तथा विकसित ष स्थायी है या उ be the examinee a hether it is of a p	नहीं पाते तो : अस्थायी s being in perfo permanent natu	उन्हें पाए ect health re or tem	गए दोष and deve porary nat	के संबंध में ब lopment, he sh ure.	noul ਰथ
l) n) i	पेशाब- श्वेत या श दांत Teeth विक्लान्ग्ताएं Defo दि जाँच करने वाल देना चाहिए और In case where the state the exact na ————————————————————————————————————	क्कर सहित Urine ormities ा चिकित्सक परीक्षा साथ में ये भी बता e medical Examiner ture of the defect w करता हूँ कि आउ	थीं कोपूर्णतया स्वस् ना चाहिए की ये दो is unable to describ hich he finds and w मैंने ऊपर बताये ज अंतर्गत बताई गर	थ तथा विकसित ष स्थायी है या उ pe the examinee a hether it is of a p गए परीक्षार्थी व गए परीक्षार्थी व	नहीं पाते तो : अस्थायी s being in perfo permanent natu भी जाँच की है अलावा ऊपर व	उन्हें पाए ect health re or tem s और उ	गए दोष and deve porary nat	के संबंध में ब lopment, he sh ure.	noul
l) n) i	पेशाब- श्वेत या श दांत Teeth विक्लान्ग्ताएं Deformation दि जाँच करने वाल देना चाहिए और In case where the state the exact na मैं यह प्रमाणित प्रमादित करता हूँ ठीक मासिक हाल Certify that I hav	क्कर सहित Urine ormities ा चिकित्सक परीक्षा साथ में ये भी बता medical Examiner ture of the defect w करता हूँ कि आज करता हूँ कि आज करता है और किसी e this day examined pservation under RI	थीं कोपूर्णतया स्वस् ना चाहिए की ये दो is unable to describ hich he finds and w	थ तथा विकसित ष स्थायी है या उ ee the examinee a hether it is of a p गए परीक्षार्थी व ग विशेष राय के अथवा शारीरिक and the results an	नहीं पाते तो : अस्थायी s being in perfo permanent natu की जाँच की है अलावा ऊपर व दोष से पीड़ित e as set forth a	उन्हें पाए ect health re or tem अगेर उ बताया गः नहीं है nd I certi	गए दोष and deve porary nat क्त परिण या परीक्षाः fy that in	के संबंध में ब lopment, he sh ure. गम बताये हैं भी आचे स्वास	noul ਰथ थ्य
l) n) i	पेशाब- श्वेत या श दांत Teeth विक्लान्ग्ताएं Deformation दि जाँच करने वाल देना चाहिए और In case where the state the exact na मैं यह प्रमाणित प्रमादित करता हूँ ठीक मासिक हाल Certify that I hav to any special ob	क्कर सहित Urine ormities ा चिकित्सक परीक्षा साथ में ये भी बता medical Examiner ture of the defect w करता हूँ कि आज करता हूँ कि आज करता है और किसी e this day examined pservation under RI	थीं कोपूर्णतया स्वस् ना चाहिए की ये दो is unable to describ hich he finds and w मेंने ऊपर बताये ज अंतर्गत बताई गय प्रकार के मानसिक I the above named a	थ तथा विकसित ष स्थायी है या उ ee the examinee a hether it is of a p गए परीक्षार्थी व ग विशेष राय के अथवा शारीरिक and the results an	नहीं पाते तो : अस्थायी s being in perfo permanent natu की जाँच की है अलावा ऊपर व दोष से पीड़ित e as set forth a	उन्हें पाए ect health re or tem अगेर उ बताया गः नहीं है nd I certi	गए दोष and deve porary nat क्त परिण या परीक्षा fy that in	के संबंध में ब lopment, he sh ure. म बताये हैं भी आचे स्वास् my opinion, ion and not so	तथ स्थ
l) n) i	पेशाब- श्वेत या श दांत Teeth विक्लान्ग्ताएं Deformation दि जाँच करने वाल देना चाहिए और In case where the state the exact na मैं यह प्रमाणित प्रमादित करता हूँ ठीक मासिक हाल Certify that I hav to any special ob	क्कर सहित Urine ormities ा चिकित्सक परीक्षा साथ में ये भी बता medical Examiner ture of the defect w करता हूँ कि आज करता हूँ कि आज करता है और किसी e this day examined pservation under RI	थीं कोपूर्णतया स्वस् ना चाहिए की ये दो is unable to describ hich he finds and w मेंने ऊपर बताये ज अंतर्गत बताई गय प्रकार के मानसिक I the above named a	थ तथा विकसित ष स्थायी है या उ ee the examinee a hether it is of a p गए परीक्षार्थी व ग विशेष राय के अथवा शारीरिक and the results an	नहीं पाते तो : अस्थायी s being in perfo permanent natu की जाँच की है अलावा ऊपर व दोष से पीड़ित e as set forth a	उन्हें पाए ect health re or tem अगेर उ बताया गः नहीं है nd I certi	गए दोष a and deve porary nat या परीक्षा fy that in d constitut	के संबंध में ब lopment, he sh ure. गम बताये हैं भी आचे स्वास	तथ sub sub

FORM OF CERTIFICATE TO BE PRODUCED BY A CANDIDATE BELONGING TO SCHEDULED CASTE OR SCHEDULED TRIBE IN SUPPORT OF HIS / HER CLAIM.

I.This is to certify that Sri / Smt / K	of village / town*	son / daughter
District / Division*	of the State / Union Territory*	belongs to th
Caste/Tribe* wh	ilch is recognized as a Scheduled Caste/ Scheduled Tribe* unde	ociongs to th
* The Constitution (Scheduled Castes) O	Order, 1950 ;	10.22
* The Constitution (Scheduled Tribes) O	Order, 1950 ;	
* The Constitution (Scheduled Castes)(U	nion Territories)Orders 1951	
 The Constitution (Scheduled Tribes)(United Scheduled Tribes) 	nion Territories)Order, 1951;	
[as amended by the Scheduled Castes and	d Scheduled Tribes lists Modification) Order, 1956; the Bombay Re	Granication Ant 1060
the Punjab Reorganisation Act 1966, the	e State of Himachal Pradesh Act, 1970, the North-Eastern Areas	(Decreasisation Act, 1900
1971, the Constitution (Scheduled Castes	and Scheduled Tribes) Order (Amendment) Act,1976]:	(Neorganisation) Act
* The Constitution (Jammu and Kashmir)	Scheduled Castes Order, 1956 :	
 The Constitution (Andaman and Nicoba 	ar Islands) Scheduled	
Tribes Order, 1959 as amended by the Sci		
Tribes Orders (Amendment) Act, 1976;		
The Constitution (Dadra and Nagar Hav	reli) Scheduled Castes Order, 1962;	
 The Constitution (Dadra and Nagar Hay 	reli) Scheduled Tribes Order, 1962 :	
* The Constitution (Pondicherry) Schedul	led Castes Order 1964:	
* The Constitution (Uttar Pradesh) Schedu	uled Tribes Order, 1967:	
* The Constitution (Goa, Daman and Diu)	Scheduled Castes Order, 1968 :	
* The Constitution (Goa, Daman and Diu)	Scheduled Tribes Order, 1968 :	
The Constitution (Nagaland) Scheduled	Tribes Order, 1970 :	
The Constitution (Sikkim) Scheduled C	Castes Order, 1978;	
* The Constitution (Sikkim) Scheduled Tr		
The Constitution (Jammu and Kashmir)		
The Constitution (Scheduled Castes) Ord	ders (Amendment)Act, 1990:	
The Constitution (ST) Orders (Amendme	ent) Ordinance, 1991;	
The Constitution (ST) Orders (Second A	imendment) Act, 1991:	
The Constitution (ST) Orders (Amendme	ent) Ordinance, 1996.	
		2

This certificat	e is issue				icheduled Father	Castes / So	heduled	Tribe:	s* C	ertifica Sent	ate iss	ued to S	hri/Sm	it / Kumarj•
	V3		- 176			village								in
District/Division	on*			of t	he State/U	nion Terri	tory*						W)	ho belone to
the Territory* iss	sued b	y the	Caste /	Tribe*	which is t	ecognized	as a Sch	eduled	Ca	ste/Sc	redul	ed Tribe	• in the	State/Linion
3.Shri/Smt/Ku				200			55	nď/or*	hie	/her#	fami	ly aedir	naellu .	nasida/s\ 1_
village/town*_	***************************************	- 35		-	of	- 800	Di	setiet /	Divi	sion*	of the	State / 1	Union T	crritory of
										s	(gnati	Jre	_	
										t	esign	ation		
Pface:							(With:	seal of	Offic	ne)				
Date ;							State/L			250 TO				
Note: The term Act, 1950.													nion of	the Peoples
* Please delete (# Delete the par	the word.	which	are not	applicab									 .	
List of authoritie	es empoy	vered to	issue C	aste / Tr	ibe Certific	cates :								

- 2. Chief Presidency Magistrate/ Additional Chief Presidency Magistrate / presidency Magistrate.
- Revenue Officer not below the rank of Tehsildar.
- 4. Sub-Divisional Officers of the area where the candidate and / or his family normally resides.

FORM OF CERTIFICATE TO BE PRODUCED BY OTHER BACKWARD CLASSES APPLYING FOR APPOINTMENT TO POSTS UNDER THE GOVERNMENT OF INDIA

This is to certify that Shri/Smt./Kumari	son/daughte
of	of village/town
	in District/Division
in	
belongs to the	community
which is recognised as a backward class under t	
Justice and Empowerment's Resolution No.	
dated	
*. Shri/Smt./Kurnari	and/or his/he
District/Division of the	State/ Union Territory. This is also to
certify that he/she does not belong to the pers	
Column 3 of the Schedule to the	
Government of India, Department of Personnel &	Training O.M. No. 36012/22/93 - Estt.(SCT)
dated 8.9.1993**.	
	District Magistrate
	Deputy Commissioner etc.
Dated:	
Seal	
*- The authority issuing the certificate may have to	
Government of India, in which the caste of the can	didate is mentioned as OBC.
** As amended from time to time.	
Note:- The term "Ordinarily" used here will have	the same meaning as in Section 20 of

the Representation of the People Act, 1950.